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offer death

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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14143

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	St. Marys		MARYL		o STATE		ere deceased	lived. Il institution b. COUNTY	_		e admission)
b. CITY OR TOWN I	(If outside corporate limit learest town)	s, write	c. LENGTH OF STAY IN	V 16				ote limits, write RI			
	SECCITOWN TAL (If not in hospitol, gi		- (1)	/			nanics	ville			
OR INSTITUTION					d. STREET AD					1	ON A FARM?
	Marys Hos	pita				Rur	al				YES X NO
3. NAME OF DECEASED (Type or print)	John		Franklin	A	dams		4. DATE OF DEATH	Decem		30	Yeor 19 59
S. SEX	6. COLOR OR RACE	7. MARR	HED TNEVER MARRIED	8. 1	DATE OF BIRTH		9	AGE (In years lost birthdoy)	1		IF UNDER 24 HRS.
male	white	WIDOWE	DIVORCED		10/28/	1873	3	86 yrs.	Months [Days	Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work d rking life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLA	CE (Stote	or foreign cou	intry)	12. CITIZ	ZEN OF	WHAT COUNTRY?
Farm			Farm owner	r	Ma	ryla	and		U	SA	Residence of
13. FATHER'S NAME					14. MOTHER'S A						
	Samuel Ada	ams		TE.	Jan	e Ma	agrude	r			ESTATE!
	ER IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.	17. INFO				Addr	ess		
no			*** *** = *** = =	He	nry G.	Mor	gan -	Mechai	nicsv	i11	Le, Md.
	ATH [Enter only one cou	se per lin	ne for (o), (b), and (c).]	0	0 4	0	1	,			RVAL BETWEEN
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		6 ere	bra	Pola	4.11	who	265		0113	II AND DEATH
422.1	DUE TO		100	11	1 1				1474		light govern
Conditions, if			100	V	diste	ul				1/1	2412
gove rise to couse (o), stoting											/
lying couse lost.	(c)										
ICATI	HER SIGNIFICANT COND	OITIONS C	ONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO T	HE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19	P. WAS AUTOPSY PERFORMED? YES NO M
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	CURRED. (Enter noture of	injury in P	Port I or Port I	I of item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yea 19	While	Not white of work	0e. PLACE foctor	OF INJURY (He y, street, office t	ome, form, oldg., etc.	20f. (City o	or town)	(Co	ounty)	(Stole)
21. I certify th	hat I attended the	decease	ed from Mar	/	1948.	16/1)	0.30	1959	that I la	ist sa	w the deceased
alive on	2e 30	, 195	9 , and that d	leath a	curred at_						e stated above
	11	0	1		/			et, city or town,			DATE SIGNED
ACTUAL SIGNATURE	Jordy 1	Zu	yther	M.D	Mec	hani	csvil	le, Md	•	12/	/31/59
PHYSICIAN'S NAME (Type)	J. Roy	Guy	ther,	MD	Mec	hani	icsvil	le, Md	2		
220. BURIAL, CREMATIC REMOVAL (Specify			22c. NAME OF CEMET					ON (City, town, o			(Stote)
23. FUNERAL DIRECTOR)	St. Jos	ebii				rganza		MATINE	£
	hingon - 1	eon	,	MA.		JAN			un 8. 10		

death: Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

may be retain; the hospital or attending physician.

2 FUNERAL DISSCIOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar priar ta burial, cremation, or remaval, and in any event within 72 hours may be retain: VS A15 (4) 15M 10/57

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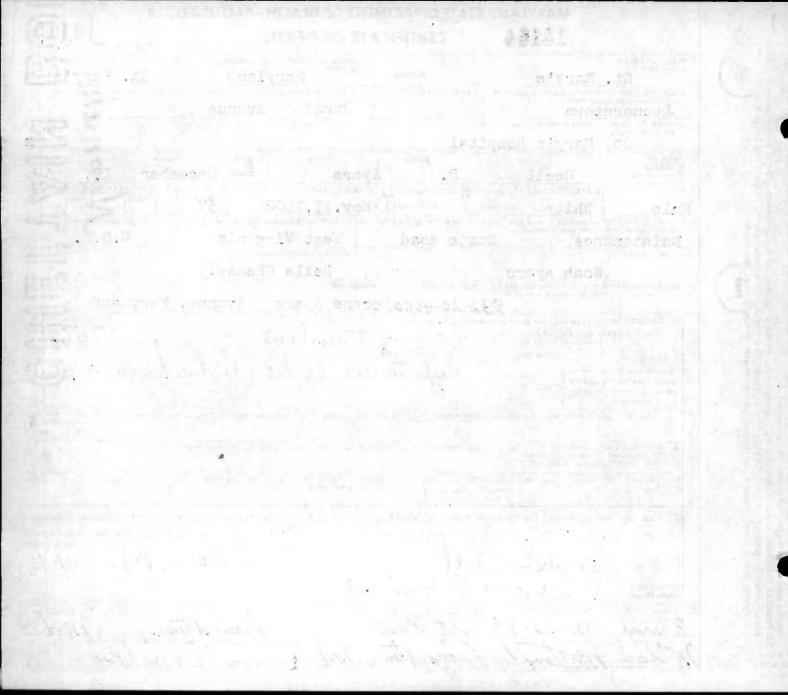
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
14144 CERTIFICATE OF DEATH

Reg. Dist. No. 14115

1. PLACE OF DEATH O. COUNTY St.	Mary's		MARYLAND	2. USUAL RESI	Marylan	ased lived. If institut d b. COUNTY		e before odm	
b. CITY OR TOWN (If RURAL ond give new Leonard		ts, write	c. LENGTH OF STAY IN 16	c. city or		rporote limits, write l	RURAL ond gi	ve nearest to	wn)
	Mary's			d. STREET A				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Cecil	st	Middle B.	Ayers	4. DAT OF DEA	_		Day 19.	Year 1959
s. sex Male		7. MARR	RIED NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years lost birthdoy) 57 yrs.		YEAR IF UN Doys Hour	
10a. USUAL OCCUPATIO during most of work Maintena 13. FATHER'S NAME	N (Give kind of work oing life, even if retired	S	kind of Business or Ind tate Road	Wes	ACE (Stote or foreign t Virgin MAIDEN NAME	ia		S.A.	COUNTRY?
1S. WAS DECEASED EVER	Noah Ayes R IN U. S. ARMED FOR It yes, give war or dates of s	CES? 16.		INFORMANT	lla Ch a n yers A	Add	lress [aryla	nd	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which (b) nmediate (DUE TO)	dypertin	throm	boris	osular d	1 isian	INTERVAL ONSET AN 10 y	
20g. ACCIDENT WAS	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BU				VEN IN PART	PERI	S AUTOPSY FORMED?
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	20d. It While of wor	Not while \(\lambda	PLACE OF INJURY (octory, street, office	Home, form, 20f. (0	City or town)	(Co	ounty)	(Stote)
21. I certify the alive an	or Lattended the	deceas ., 19.5 .,	- 0	h accurred at M.D.	706 AM, fra	m the causes ar (Street) city or town,	nd an the	date state	
220. BURIAL, CREMATION REMOVAL (Specify) 23. FUNEBAL DIRECTOR'S	12-22-	59 les	22c. NAME OF CEMETERY ST Paul ADDRESS Lionard low	or CREMATORY 2 m. Md.	22d. 100 24g. REC'D BY REG		or county) ISTRAR'S SIGN	MATURE	ote)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
Let 145 CERTIFICATE OF DEATH 14145

Reg. Dist. No. 14116

1. PLACE OF DEATH o. COUNTY S	t. Mary's		MARYLAND		DENCE (Where deceased laryland	ed lived. If instituti b. COUNTY				
b. CITY OR TOWN RURAL and give Rural	(If outside corporate limits, neorest town) Park Hall		IGTH OF STAY IN 18	Rural	TOWN (If outside corp		URAL and give no	earest town)	
d. NAME OF HOSI OR INSTITUTION	PITAL (If not in hospital, give	street address)	d. STREET A	DDRESS				IDENCE FARM?	
3. NAME OF DECEASED (Type or print)	First Jos	sephin	Middle e Annie	Bisco	OF	Decemb	er 27	,	Year 1959	
5. SEX Female	6. COLOR OR RACE 7		NEVER MARRIED	B. DATE OF BIRT	1885	9. AGE (In years lost birthday) /// yrs.	Manths Doys	R IF UNDE Hours	R 24 HRS. Min.	
10a. USUAL OCCUPAT during most of wi House	ION (Give kind af work do arking life, even if retired) WOPK		of Business or ini Labor	DUSTRY 11, BIRTHP	ACE (State or foreign Mary		U.S.		OUNTRY?	
13. FATHER'S NAME					MAIDEN NAME			D.5	- 5	
	Unknown				ıknown					
(Yes, no, or unknown)	/ER IN U. S. ARMED FORCE (If yes, give war or dates of servi	16. SOCIAL 100	ne J	ulia Cou	urtney P	ark Hal		land	Ĺ	
PART I. Di 33/x Conditions, if		Gen.	elyis	d ansi	lent trio-	pelin		D y		
lying couse los	gove rise to immediate cause (a), stating the under: lying couse lost. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY									
CATIC	THER SIGNIFICANT CONDI	HONS CONTRI	BUTING TO DEATH E	SUI NOI KELAIED I) THE TERMINAL DISEA	SE CONDITION GI	VEN IN PART T(d)	PERFO	RMED?	
OR CONTRIBUTION	VAS UNDERLYING 20 IG CAUSE OF DEATH Y MEDICAL EXAMINER))ь. DESCRIBE Н	OW INJURY OCCUR	RED. (Enter nature o	if injury in Port I or Po	ert II of item 18.)				
20c. TIME OF INJI Hour a. m p. m	. 10	20d. INJURY (While N of work of	ot while	PLACE OF INJURY foctory, street, offic		ty or town)	(County	')	(State)	
alive an	that attended the c	leceased from		25, 159 oth accurred at	49 M, fram	the causes ar Street, city or town,	nd an the dat	e stated		
SIGNATURE		8	y Den	par			12	124	159	
PHYSICIAN'S NAME (Type)	P. J. Be	ean M.	D.	Grea	at Mills,	Maryla	nd (/		
220. BURIAL, CREMAT REMOVAL (Specif Burial	12-30-5	9 =	NAME OF CEMETERY	OR CREMATORY	Lex	ATION (City, town,	Park	(Stote	e) // d	
23. FUNERAL DIRECTO	r's signature ingley Leon		odress wn. Mary	land	DATE AN 4 '6		STRAR'S SIGNATI			
			, 3		DOI:		a. Mall	A		

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TO DEPUTY MY AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is every, please execute the control of the funeral pending in pending in them. 18. Give Pages 1, 2, and 3 to the funeral order. Page 4 should be forworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your filles.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriol, cremation, or removal, and in any eyent within 72 hours after death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14117

	34140					Reg. Dist. N	o.
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased	lived. If institut	tion: Residence b	efore admission)
S. COUNTY S	t. Mary's	MARYLAND	o. STATE Mar	vland	b. COUNTY		rv's
b. CITY OR TOWN (If outside corporate fimils, write RURA	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (f outside corpor	ote limits, write		
T	rdtown	D.O.A.	X Rur	al Ch	aptico		
d. NAME OF HOSPI	TAL OR INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS				e. IS RESIDENCE
St.	Mary's Hosp	oital	'				YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month		
(Type or print)	William	Joseph	Butler	DEATH	Dec	c. 6.	1959
5. SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED 1 8.		9.	AGE (In years last birthday)	Months Dovs	R IF UNDER 24 HR
Male	0020104		ug.18,1936		23 yrs.	monins Doys	Hours Min.
during most of worki	ing life, even if retired)	10b. KIND OF BUSINESS OR INDUST			ntry)		OF WHAT COUNTR
Labore	r	Construction	Mar	yland		U.S	. A .
13. FATHER'S NAME	07 . D		14. MOTHER'S MAIDEN			C1	
Jame			1	e Eliz	abeth	Shorte	r
15, WAS DECEASED EV	VER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		NFORMANT		Address	20.	
Yes. no. or unknown)		220-32-5676 J	ames C. Bu	itler	Chapti	.co, Md	•
	ATH [Enfer only one couse pe		22 /T :		T		SET AND DEATH
PART I. DEA	IMMEDIATE CAUSE (6)	Fractured so	cull (Intra	acrain	iai inj	juries)	Immed.
825 X	DUE TO						
Conditions, if							
gave rise to imme							
couse last.	(c)						
FART II, OT	HER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERM	RINAL DISEASE C	ONDITION GIVE	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
PART II. OT						1/4 = 14	YES NO NO
20g. EXTERNAL CA PRIMARY O or CO CAUSE OF DEATH	USE WAS 20b. DE	SCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Po	rt f or Port II of	item 18.)		
	· ·	Auto accident					
3. Hour or my	JRY Month, Day, Year	20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, for	m, 20f. (City or	fown)	(County)	(State)
3.45 p.m.	12.6.59	While of work of work Sta	te highway	Cle	ments,	St.Mar	ry's
21. I certify t		the remoins described aba	ve, held an Autop	sy , Insr	pection X,	Inquiry K	, ond in m
opinion death	resulted from: Natu	ral causes . Accident	A. Suicide .	Homicide [_	rmined mann	
	110) 1	_, •••••••			mined mann	. LJ
ACTUAL SIGNATURE	1/1/11	13.	M.D. CHIEF MEDICAL E	XAMINER [7]			DATE SIGNED
SIGNATURE	00/07	1 of	_M.D. ASSISTANT MEDIC	CAL EXAMINER [7		
EXAMINER'S NAME (Type)	William D.	Boyd M.D.	DEPUTY MEDICAL	EXAMINER			
220. BURIAL CREMATIO	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY OR			N (City, town, o	or county)	(Stote)
Burial (Specify	12/9/59	Sacred Hea		Bushw			Md.
23. FUNERAL DIRECTO		ADDRESS		D BY REGISTRAL		TRAR'S SIGNATU	
W.Clarke	Mattinglev	Leonardtown, M	d. DATES	FC 11 '59	0	Ilua 8 Km	
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MARYLAND STATE DEFARTAGENT OF HEALTH-BALTIMORE HE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

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Reg. Dist. No.

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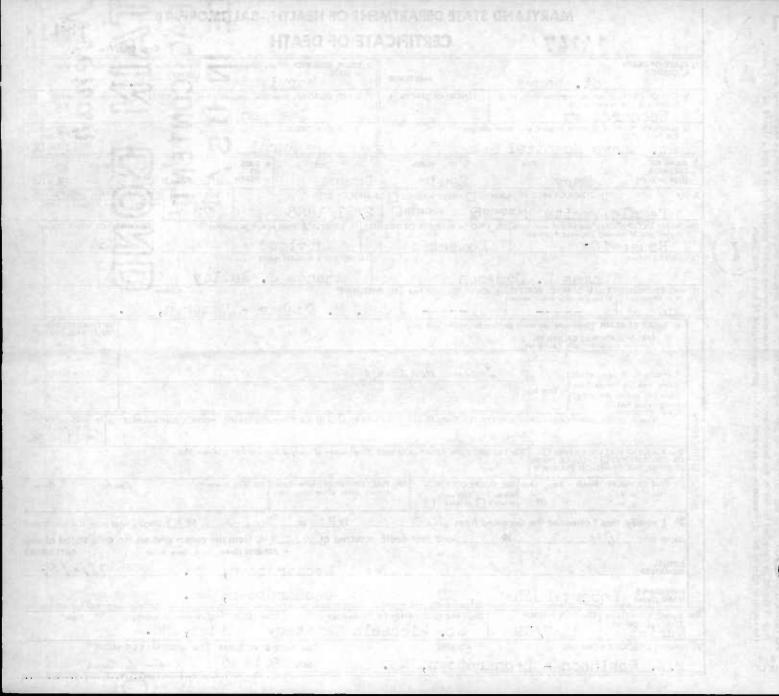
r death. Page 4

may be retained by the haspital or attending physician.

D FUNERAL DIACTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL OF

may be retain TO FUNERAL DIS VS A15 (4) 1SM 10/S7

	PLACE OF DEATH a. COUNTY	St. Mary	7.0	MARYLA		D. STATE	ence (wh		lived. If institution b. COUNTY	on: Residence		
-	b. CITY OR TOWN (If RURAL ond give ne	outside corporate limi		c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)						
	Leonar			- TOTAL	X		Dame	eron				
	d. NAME OF HOSPITA	AL (If not in hospital, g		address)	1	d. STREET AL	DRESS					RESIDENCE ON A FARM?
	St. Mar	ys Hospit	al				Ru	ral			YE	S NO
	NAME OF DECEASED (Type or print)		rst	Maude	T),	ınbar		4. DATE OF DEATH	Decemb		Day	Year 19 59
_	SEX	Mary	7	RIED NEVER MARRIED		TE OF BIRTH						JNDER 24 HRS.
٥.	female		WIDOW			/21/18	386		9. AGE (In years last birthday) 73 yrs.			ours Min.
10c	. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR				or foreign co		12. CITIZ	EN OF W	HAT COUNTRY
	Housew	ing`life, even if retired ife	1)	Domestic	148	Mai	rylar	nd		72	USA	
13.	FATHER'S NAME				14	MOTHER'S	MAIDEN N	AME				
	di	homas L.	Dem	eron		Amai	nda .	J. Ra	ilev			
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO.	17. INFOR				Add	ress		
(Te	no. or unknown) (If yes, give wor or dates of s	service)		Jos	M. :	Dunba	er - :	Dameron	Md.		
	18. CAUSE OF DEA	TH [Enter anly one co	ouse per li	ne far (a), (b), and (c).]							INTERVA	L BETWEEN
	PART I. DEAT	TH WAS CAUSED BY:	1	· hremia.								AND DEATH
	592X	DUE TO				-						
	Conditions, if an	v. which \	. (Chron, hepx	witis						6 4	nonth
	gave rise to in	nmediate (
	cause (a), stating to	ne under-										
Z		FR SIGNIFICANT CON		CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	FAL INI PART	1(a) 19 V	VAS ALITOPSY
CATIO			Epi.	lipsy.		The state of the s	THE TERM	THE DISEASE	CONDITION ON	PIA IIA I WIL	P	ERFORMED?
CERTIFICATION	20a. ACCIDENT WAT OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	URRED. (En	ter nature af	injury in f	art I ar Part	II af item 18.)			
MEDICAL	20c. TIME OF INJURY Have a. m. p. m.	Manth, Day, Ye	While		De. PLACE O factory,	OF INJURY (H street, affice	ome, form, bldg., etc.	20f. (City	or tawn)	(Co	ounty)	(State)
	21. I certify the	at Lattended the	deceas	sed from Light.	10	1939	to	Dec. i	3 1959	that I la	et saw	the decease
	alive an7			9, and that d								
	dire dil			, and mar a	eam occ	orred dt	621-621	ADDRESS (Str.	eet, city ar tawn,	state)	e dale i	DATE SIGNE
	ACTUAL SIGNATURE	Robert	1-7	Fuch		T -					10	/1/50
	SIGNATURE	1400			M.D.	ье	ousr	grown	, Md.		1	47.09
	PHYSICIAN'S R	obert Fue	chs	, MD		Le	onar	dtown	, Md.	. 440 440 440 440 mm 440 mm		
220	BURIAL, CREMATION REMOVAL (Specify) Burial	12/7/5		22c. NAME OF CEMETE St. Mic			_		on (city, town, o	Id.		(State)
23.	FUNERAL DIRECTOR'S			ADDRESS				BY REGISTR		STRAR'S SIGN	NATURE	
	PR Roh	inson - 1	Leon	ardtown, M	Id.			C 1 4 '5		Ehur S.		
	T.D. MOO	TITOOTI - 1	ne orr	CT COANTID TA	- 4.0		DAIL MA		- 1	1 20.	1 MANUA	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY files. Health, MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) your d of Great Mills Leonardtown lined for d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE St. Marys Hospital Rural YES NO TO State death. 3. NAME OF Middle 4. DATE DECEASED (Type or print) DEATH 19 59 Wilbur M. Godfrev December 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. 9. AGE (In years 69 Tyrs. WIDOWED | DIVORCED [1890 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Civil Service USA Estimator Maine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Mr. Richard Voorhaar - Park Hall, Md. no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO L 200. EXTERNAL CAUSE WAS FRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURT OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Slole) of work of work 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection I Inquiry opinion death resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined manner ACTUAL DATE SIGNED SIGNATURE Wm. D. Boyd. NAME (Type) DEPUTY MEDICAL EXAMINER 17 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) REMOVAL (Specify) Cremation 12/28/59 J.Wm.Lee Crematory Washington, D.C. 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME P.B. Robinson - Leonardtown, Md. arthur & Traus 5M 2/57 DATED FC 3 0 '59

MEDICAL EXAMINERS CERTISCATE OF DEATH The first point of the first part of the party of the course between the second of the party of the second of the The same area of another property for the same of the same and the same of the STREETING PRINCE PRINCE u 2 (

	14149	CERTIFIC	ATE OF DEATH	1	Reg. Dist. N	No.
1. PLACE OF DEATH o. COUNTY	St. Marys	MARYLAND	2. USUAL RESIDENCE (WAS a. STATE	here deceased lived. If institu b. COUNT	Y	efore admission)
	If autside corporate limits, write	c. LENGTH OF STAY IN 16		outside corporate limits, write		
Al	bell	life	X Abell			
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, give stre	et address)	d. STREET ADDRESS	1		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First MARY	Middle FLORENCE	LAWRENCE	4. DATE Mo	ember]	Day Year 11 19 59
5. SEX	6. COLOR OR RACE 7. M	ARRIED TO NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year lost birthday)		AR IF UNDER 24 HRS
femele	white wind	OWED DIVORCED	Oct. 9.18			ys Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work done 1) king life, even if retired)	Ob. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTE
	ewife	Domestic	Maryla	and	Ţ	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N			
	William T.	Morris	Dora Ow	rens		
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		INFORMANT		ldress	
no			Mrs.Estelle	L.Owens - A	bell, N	Maryland
	ATH [Enter only one couse per	line for (a), (b), and (c).]		/ 1	11	NTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Houte a	MAZNO A	occlusia	2	Surcouch
420.0	DUE TO	As II >				
Conditions, if a		X) III				
gave rise to i						
lying cause last.	(c)					
PART II. OTH	HER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	inal disease condition g	IVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Part I or Port II of item 18.)		
Y 20c. TIME OF INJUR	D Who Wh	,	PLACE OF INJURY (Home, form actory, street, office bldg., etc.	20f. (City or town)	(Coun	(State)
21. I certify th	not, I ottended the dece	osed from	V 1255 10	Dec 101	Shot I lost	sow the decease
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01110 0112-230	/	197,0114 1110,000		ADDRESS (Street, city or town		DATE SIGN
ACTUAL SIGNATURE	world	Dente	Mechai	nicsville, N	Id.	12/12/59
1.77-	Leon Berube	, MD	Mechanic	csville, Md.	P	
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	12/14/59	Sacred H	or crematory eart Cemeter	22d. LOCATION (City, town, V Bushwoo	-	(State)
23. FUNERAL DIRECTOR		ADDRESS	240. REC'	D BY REGISTRAR 246. REG	SISTRAR'S SIGNAT	
P.B. I	Robinson - L	eonardtown.	Md . DATE	DEC 1 7 '59	arthur S.	/ Calla

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs, Per death. Page 4 may be retained to the hospital or attending physician.

TO FUNERAL DIXECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haur offer leath.

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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14151 CERTIFICATE OF DEATH

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							nog. Ditti		
1. PLACE OF DEATH o. COUNTY S	t. Mary's		MARYLAND	2. USUAL RES	Marylar	eceosed lived. If institu b. COUNT	Y	before odmission	1)
RURAL ond give n	If outside corporate limits, earest town)		IGTH OF STAY IN 16			corporate limits, write	RURAL ond give	e nearest town)	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give	street oddress		X Run		Helen		e. IS RESID ON A F	ARM?
	St. Ma	ry's H	ospital					YES 1	NO EX
3. NAME OF DECEASED (Type or print)	First Mar		Middle Denice	Morgan		DEATH DEC.	onth 4	Day Yes 27 19	or 59
Female	6. COLOR OR RACE 7	MARRIED	DIVORCED	B. DATE OF BIR	TH 20,1956	9. AGE (In years lost birthdoy) 3 yrs	Manths Do	ear IF UNDER	24 HRS Min.
0a. USUAL OCCUPATION during mast of wor	ON (Give kind of work do king life, even if retired)	ne 10b. KIND C	OF BUSINESS OR INDU					S.A.	UNTRY
3. FATHER'S NAME					'S MAIDEN NAME				
	John M	organ		На	zel Wat	tkins			
S. WAS DECEASED EVE	R IN U. S. ARMED FORCE (If yes, give war or dates of servi	S? 16. SOCIAL	SECURITY NO.	INFORMANT		Ad	dress	100	
	(1, 7, 3, 6, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	-	J	ohn Mor	gan	Helen, Ma	aryland	d	
	ATH [Enter only one coust ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Iny, which) (b)	Bro	nehr-Pa	reum in	ia"			INTERVAL BETVONSET AND D	EATH
gave rise to i cause (a), stating lying cause lost.	mmediate Que TO	_)m	marlin	173				Since /2	3224
PART II. OTI	HER SIGNIFICANT CONDI	TIONS CONTRIB	BUTING TO DEATH BU	T NOT RELATED 1	O THE TERMINAL 1	disease condition G	IVEN IN PART 1((a) 19. WAS AU PERFORA YES 1	MED5
	AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE H	OW INJURY OCCURR	ED. (Enter nature	of injury in Port I	or Port II af item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Year 19	20d. INJURY (While N at work at		LACE OF INJURY octory, street, off		f. (City or town)	(Cou	inty)	(Stote)
21. I certify the alive an	Dec. 27	leceased from 1959		h occurred o	14:45 M.	fram the causes a RESS (Street, city or town	nd an the d	late stated o	
PHYSICIAN'S NAME (Type)	William H					Park, Mo			
Burial CREMATIC	12/29/59	9	ST. Aloy:		Le	conardtown	1,	Md.	
3. FUNERAL DIRECTOR W.Clarke	's SIGNATURE Mattingle		ardtown,	Md.	24a. REC'D BY		SISTRAR'S SIGN		

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		4	. (1974)		College J.W

FOR STATE HEALTH DEPT.

TO DEPUTY ME "LAL EXAMINER: This certificate shavid be executed within 24 hours after death. If any delay is assay, please execute the case, writing the ward "pending" in pendi in Item. 18. Give Pages 1, 2, and 3 ta the funero clar. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, priar to burial, cremation, ar removal, and in any every within 72 hours after death 1

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 415 MEDICAL EXAMINER'S CERTIFICATE OF

DEATH	Rea.	Dist.	No.1	4	1	2	3	
	1100 201	De 1 0 c .	4 4 40 0					

a. COUNTY	St. Mary	s	MARYLANI	O STATE	Maryl		b. COUNTY		efore odmission) Mart s
b. CITY OR TOWN and give nearest too	If autside corporale limits, writ		c. LENGTH OF STAY IN 18				limits, write RU		
d. NAME OF HOSPI		If not in ho	spital, give street address)	-	ADDRESS	O L O III	,1100		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fir Jo	hn	Middle Benton			OF DEATH	Month Decembe	er 12	
5. SEX Male	6. COLOR OR RACE White	7. MARRI WIDOWE	ED X NEVER MARRIED D DIVORCED D		тн 4,1913	9. A	GE (In years IF		R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPAT during most of work Labo	ing life, even if refired)		kind of Business or Indu	STRY 11. BIRTH		foreign country		U.S.	A .
13. FATHER'S NAME	Francis Be	nton	Nelson		S MAIDEN NAI		eth Te		
	VER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Address		
	ediate cause		far (o), (b), ond (c).]	SHOT				111 ON J	MMED.
PART II, OT	HER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT	(Enter noture of	injury in Part I	or Part II of ite	m 18.)	IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO P
CAUSE OF DEATH 20c, TIME OF INJUINATION OF INJUINA	JRY Month, Day, Yee	White	INJURY OCCURRED 20e. PI	ACE OF INJURY	(Home, form, ce bldg., etc.)	20f. (City or to		(County) EY ST	(Stote) MARYS Md
21. I certify to opinion death	hat I toak charge	of the	remains described abcauses [], Accident	ove, held a . Suici	n Autapsy	, Inspe		Inquiry [and in my
220. BURIAL, CREMATI	William		22c. NAME OF CEMETERY C	R CREMATORY	12.	2d. LOCATION	(City, town, or c		(Stote)
23. FUNERAL DIRECTO		ev Le	St. Joseph ADDRESS conardtown,		240. REC'D E		24b. REGISTR		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1. PLACE OF DEATH	73700			:	. USUAL RESIDENCE (V	Where decease	d lived. If Insti	Iution: Resident	ce before admission)
a. COUNT	St. Mary	S	MARYL	AND	o. STATE Mar	vland	b. COUN	St.	Marys
b. CITY OR TOWN (f outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (II	autside corpo	orate limits, writ	RURAL ond	ive nearest tawn)
Bushw					X Co	ltons	Point		
		If not in hosp	ital, give street address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Rural					/ Ru	real			YES NO
3. NAME OF DECEASED (Type or print)	RACHAEL Fir	st	ANNI I	VELS	Lost	4. DATE OF DEATH	12 /	12 /	Day Year 1959
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8. D	ATE OF BIRTH	9	AGE (In years	IFUNDER 1	EAR IF UNDER 24 HRS
F	W	WIDOWED	DIVORCED [8/31/1937	7	lost birthday) 22 yrs.	Months De	ays Hours Min.
100. USUAL OCCUPATI	ON (Give kind of warking life, even if retired)	done 10b. Ki	ND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (State	ar foreign cou			N OF WHAT COUNTR'
	sewife		Domestic	2	Marula	and			USA
13. FATHER'S NAME			200001		. MOTHER'S MAIDEN				
	Joseph E	. Bow	les		Marv	E. Br	own		
15. WAS DECEASED EN	ER IN U. S. ARMED FO	RCES? 16. S		17. INFC			Addres	4	
no		,		Ma	ry E. Bow	vles -	Colto	ns Poi	nt. Md.
Canditions, if a gave rise to imme (a), stating the cause last.	diate cause underlying DUE TO		GUN	SH	01				ONSET AND DEATH IMMEL
CATIC			NTRIBUTING TO DEATH					IVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	USE WAS NTRIBUTING []	S 140	HOW INJURY OCCURRI		noture of injury in Part IN DOW	11 or Port II o		USBA	ND
20c. TIME OF INJU	•	or 20d. IN While at work	NJURY OCCURRED 200. Nat while of work OL	PLACE foctory,	OF INJURY (Home, form street, affice bldg., etc. UM TAVERN	20f. (City of TBU	or town)	(Caunt	TMARYS 1
			emains described], Accident [],	Suicid		Und.			DATE SIGNED
EXAMINER'S NAME (Type)	Mm. D. I	Boyd	, MD.		ASSISTANT MEDICAL			12	2/12/59
220. BURIAL CREMATIC REMOVAL (Specify Burial	22b. DATE THEREO		Sacred I			0.11980	on (City, town, shwood		(State)
23. FUNERAL DIRECTOR			ADDRESS			D BY REGISTRA		ISTRAR'S SIGN	ATURE
P.B. R	obinson -	Leon	ardtown .	Md.	DATE D	EC 1 7 '5	9 (Lating S.	Thous

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND4 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY director. Page b. COUNTY files. St. Mary's Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL end give neerest town) may be retained for your 2 with the State Board of Leonardtown Life Leonardtown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS and 3 to the funeral Washington St. Washington St. death. 3. NAME OF Middle Lest DATE Henrietta DECEASED OF (Type or print) Wilmer Ragan DEATH December death. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR PM3. Page 1, 2, and 3. Page 5 may page 7 and 2 with within 72 hours at last birthday) Months WIDOWED TO June female white DIVORCED yrs. within 24 hours after 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)
Secretary in pencil in Item 18. Give Pages 1, Co. Maryland form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hentietta Elizabeth Knight Lemue A. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Ifyesgive weror dates of service) Mrs Welhelmina G. Howard Waldorf, Md. Office along with burial-transit perm certificate should be executed 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] .5 PART I. DEATH WAS CAUSED BY: Manual Strangulation IMMEDIATE CAUSE (e) DUE TO removal. Conditions, if eny, which (b) geve rise to immediate cause "pending" (0) DUE TO (e), steting the underlying Examiner' Se cause lest. nsed cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 CERTIFICATION 2 the certificate, writing the word Medical pluods 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 1B.) DICAL EXAMINER: CAUSE OF DEATH. Chief age 3: 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) should be forwarded to the Chi fectory, street, office bldg., etc.) 0 Not While Hour a.m. et work et work Leonardtown prior nome 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes Accident Suicide Homicide x Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE execute DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S should Charles S. Petty NAME (Type) Address (Street, city, town, or county) 9989 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial (Specify) OH 40 6 St. Aloysius Leonardtown Mc
24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE a, 23. FUNERAL DIRECTOR VS. A15ME W. Clarke Mattingley Leonardtown, Md. DADEC 1 1 '59 arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

St. Mary's

e. IS RESIDENCE

YES NO X

19 59

IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

PERFORMED?

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and in my opinion

DATE SIGNED

(Stete)

U.S.A.

(County)

12/6/59

Year

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VS A15 (4) 15M 9/58

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1. PLACE OF DEATH o. COUNTY St.	Mary's		MARYLAND	0. 5	Maryl	and	b. COUNTY	St.	Mary	† S
Scotland	f outside corporate limite earest town) Rur	-	c. LENGTH OF STAY IN 16	100	city or town (if a	outside corpo		JRAL ond g	give nearest to	own)
	AL (If nat in hospital, gi	ve street o	oddress)	-	STREET ADDRESS		A 062 A 05		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Ben éd		Middle S.	R	idgell	4. DATE OF DEATH	Decemb		26.	Year 19 50
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (In years		1 YEAR IF UN	
Male	White	WIDOWE	DIVORCED	May		_	75 yrs.		Doys Hou	
during most of worl Carpent	king life, even if retired)	one 10b.	KIND OF BUSINESS OR INDU	JSTRY 11	. BIRTHPLACE (Stote		ountry)		.S.A.	T COUNTRY
13. FATHER'S NAME			W I I I I I I I I I I I I I I I I I I I	14. N	AOTHER'S MAIDEN	NAME				
Aust	in Ridgel	.1			Susan	Hamm	ett			
	R IN U. S. ARMED FORC (If yes, give war or dates of se			inform/ /rtl	e Ridge	11 87	Addr 16 Gere		ad	
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediote the <u>under-</u> DUE TO (c)	Ge	CONTRIBUTING TO DEATH BU	Y NOT BE	LATED TO THE TERM	O.A.	CONDITION CIN	ees	/5	yer as AUTORS
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Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	While			INJURY (Home, forreet, office bldg., etc		or town)	(0	County)	(Stot
21. I certify the alive an	at lattended the	deceas	ed from John 1997, and that deat	h accur	19#5, To /	M, fram	26, 1957, the causes an treet, city or town,	d an the		
PHYSICIAN'S NAME (Type)	P.J.Bear				Rink		eat Mil			
Burial Specify)	12/28/59		St. Mich			Rid	TION (City, town, o	or county)	Md	State)
23. FUNERAL DIRECTOR		T T	address eonardtown,	Md		'D 8Y REGIST		STRAR'S SIG		
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					NT OF HEALT			8 Reg. Dist.	14128
1. PLACE OF DEATH	St. Mary	rtg	MARYI	AND	2. USUAL RESIDENCE (V	Where deceased	lived. If Institution b. COUNTY	on: Residence	
and give nearest	(If outside corporate limits, writ		c. LENGTH OF STAY I		c. CITY OR TOWN (II		_	URAL and giv	re nearest town)
d. NAME OF HOS	adison Aver		pital, give street address)	d. STREET ADDRESS	Madison	Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF -DECEASED (Type or print)	Fii Stev		Middle Dougla	3	TERRELL	4. DATE OF DEATH	Month Dec		Year 19 59
s. sex Male	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	- 0	DATE OF BIRTH	9.	Sans Street A 1	Months Day	AR IF UNDER 24 HRS
10a. USUAL OCCUP during most of wa	ATION (Give kind of work rking life, even if relired)	done 10b. K	IND OF BUSINESS OR I	NDUSTI		or foreign cou Marylan		12. CITIZEN	USA
	arten TERREI				14. MOTHER'S MAIDEN ! Leilani		HOLIAND		
15. WAS DECEASED (Yes, no. or unknown)	EYER IN U. S. ARMED FC		SOCIAL SECURITY NO.		FORMANT H. TERRELL (Father)	1 Mai:	son Avo	e., k, Md.
PART 1. 0	mediate cause	Pulm Pneu	onary Ede	Ear	cly, Bilate	eral w	ith	(NTERVAL BETWEEN ONSET AND DEATH HOURS.
PART II.	OTHER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM	INAL DISEASE C	CONDITION GIVE	N IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
	CONTRIBUTING []	Ob. DESCRIBE	HOW INJURY OCCUR	RED. (E	nter nature of injury in Par	t I or Port II of	item 18.)		
20c. TIME OF IN Hour o. p.	m.	While		PLAC focto	E OF INJURY (Home, form ry, street, office bldg., etc	20f. (City o	r town)	(County)	(Stote)
death result	that I took charge ed from: Natural carries H. Carries H. Carries H. Carries H. ARMS Wm. D. BOI	causes E	Accident [].	Suic	ide [], Homicide	MAMINER AL EXAMINER	letermined ca Riv., Mi	use .	DATE SIGNED
220. BURIAL, CREMA	TION, 226. DATE THEREC	of 9	22c. NAME OF CEMETE Arlingtor				ngton,	county)	Va.
23. FUNERAL DIRECT		T Oc	ADDRESS	7.7		D BY REGISTRA	R 24b. REGIST	RAR'S SIGNA	TURE

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FOR STATE HEALTH DEPT

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ressary, please execute the ficate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funer, ector. Page 4 should be worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remayol, and in any experimiting 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1415 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.	1	4	1	2	9
Ked. Dist.	NO.				

-		- 1100						Keg. Dist. 140	9.
	PLACE OF DEATH o. COUNTY St	. Mary's	MARYL		2. USUAL RESIDENCE 0. STATE Mar	(Where decease		St. Mar	
		sulside corporale limits, write B	URAL C. LENGTH OF STAY R	N 1b	c. CITY OR TOWN	(If aulside corp			
L	eonardto	m	D.O. A		x Rural	Cha	ptico		
1		. Mary's	not in hospital, give street oddress		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	James	Aloysius	Tr	lomas	4. DATE OF DEATH	Dec.	6,	Yeor 19 59
5. 9	Male		MARRIED NEVER MARRIED		oril 6,19		9. AGE (In years lost birthday) yrs.		IF UNDER 24 HRS. Hours Min.
100	Labore	life, even if refired)	ne 10b. KIND OF BUSINESS OR IN	NDUSTRY	Maryl		ountry)	U.S.	F WHAT COUNTRY?
13.	FATHER'S NAME Jai	nes Edgar	Jones	1	Mary Ma		Thomas		
15. [Yes		R IN U. S. ARMED FORC If yes, give war or doles of serv	ES? 16. SOCIAL SECURITY NO.		y M. Tho	mas C	haptico	, Mary	Land
CATION	Conditions, if on gove rise to immedi (o), sloting the uncouse lost. PART II. OTHE	ote couse DUE TO (c)	TIONS CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TER	RMINAL DISEASE	CONDITION GIVE		9. WAS AUTOPSY PERFORMED? YES NO A
CERTIF	20g. EXTERNAL CAUSE OF DEATH.	SE WAS TRIBUTING [] 20b.	DESCRIBE HOW INJURY OCCURR Auto. accid		er nature of injury in P	Port I or Part II o	of item 18.)		
MEDICAL	20c. TIME OF INJURY 3 • 45 p. m.	Manth, Day, Year 12. 645	20d. INJURY OCCURRED 20d While at work at work S	PLACE factory	OF INJURY (Home, fo , street, office bldg., e > highway	orm, 20f. (City 7 Cl		(County) St.Mar	y i s
		esulted from: No	of the remains described abural causes [], Accidental abural Bayon	ent X		Homicide EXAMINER	, Undeter	Inquiry 🔼	
220	NAME (Type)	WILLIA	am D. Boyd M.		DEPUTY MEDICA] ION (City, town, or	r county)	(Stote)
-	REMOVAL (Specify)	12/9/59	Sacred	Hear	rt	Bus	shwood,	M	d.
	FUNERAL DIRECTOR'S		ADDRESS T Leomardtown	M		DEC 1 1 15		TRAR'S SIGNATUL	
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is mysory, please execute the licote, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral ector. Page 4 should be a warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 35 your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 haurs after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14159MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Pen			4	1	1	3	63	
Pan	Dist	Na	1	Y	1	U	U	

		PLACE OF DEATH	C+ Manu				2. USUAL RESI			lived. If institu	v ~.	2.5		
	b	. CITY OR TOWN III	St. Mary		c. LENGTH OF STAY IF			aryl			St.	Mar	V -	
74		and give nearest town		e worne	C. CLINGIN OF SIAT II	1.5			outside corpore		KUKAL 999	give near	rest town)	
	d		lements	It not in hos	pital, give street address)		.d. STREET AI		ngton	Park		I	. IS RESIDE	NICE
			e Highway		Rt. 237		/		Renne	e11		1.4	ON A FA	RM?
	3. 1	NAME OF DECEASED	Fire	Lf	Middle	1117	Lost		4. DATE OF	Monti	h	Doy	Year	
		(Type or print)	Gary		Alan		Wible		DEATH	Dece	mber	6	19 5	9
	5. S	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. E	DATE OF BIRTH		9.	AGE (In years			UNDER 24	HRS.
		M	W	WIDOWE			3/16		7	12 yrs.	Months [Days H	laurs Min	
	10a.	. USUAL OCCUPATION	N (Give kind of work of life, even if retired)	done 10b. I	CIND OF BUSINESS OR IN	VDUSTRY	11. BIRTHPLA	CE (Stote	ar foreign coun	lry)	12. CITIZ	EN OF V	WHAT COU	VTRY?
			dent		School		Ma	ryla	nd			USA		
	13.	FATHER'S NAME					14. MOTHER'S A			-8-11				
			Alan H.	Wibl	e, Jr.		Flo	rine	R. Jo	hnson				
	15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT			Address				
Д		no				Al	an H.	Wibl	e, Jr.	- Le:	xingt	on I	Park,	Md
			H [Enter only one cou									INTERVAL DINSET A	L BETWEEN	
			H WAS CAUSED BY: MMEDIATE CAUSE (a)	Fı	ractured c	erv	ical v	erta	brae			im	med.	
		825x	DUE TO											
$\sqrt{}$		Canditions, if an												
		gave rise to immedi (a), stating the us												
		cause last.	(c)											
5	Z Q	PART II. OTHI	R SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO T	HE TERMIN	VAL DISEASE CO	ONDITION GIV	EN IN PART	1(a) 19,	WAS AUTO	PSY
)	3											YES		
	CERTIFICATION	20g. EXTERNAL CAUS	SE WAS	b. DESCRIB	HOW INJURY OCCURR	ED. (Ent	er nature of inju	rry in Part	I or Part II of i	tem 18.)				
4		PRIMARY OF CON CAUSE OF DEATH.		Autor	nobile acc	ide	at							
0	MEDICAL	20c. TIME OF INJURY	Month, Day, Yea		NJURY OCCURRED 20e	- PLACE	OF INJURY (He	ome, form,	20f. (City or	tawn)	(Cour	nty)	(Ste	ole)
8	MEC	3:45 p. m.	12/6/599	While at we	I AGI MUSIC	prop a	te Hgy			ments.	St.	Mar	vs .	Md
		21. I certify the	ot I took charge	of the	remains described								ond in	my
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		ACTUAL SIGNATURE	Was	177	Bank A	11	CHIEF ME	DICAL EXA	AMINER [D	ATE SIGNE	0
					1		ASSISTAN	T MEDICA	L EXAMINER]	12/6	6/59		
2		EXAMINER'S NAME (Type)	Im. D. Bo	yd, I	VD		DEPUTY N	EDICAL E	XAMINER X					
	220	BURIAL, CREMATION	J. 226. DATE THEREO		22c. NAME OF CEMETER	Y OR C	REMATORY	T	22d. LOCATION	V (City, Jown,	or county)		(Slote)	
1		Burial	12/9/	59	St. Jos	eph	Cemet	erv	Mor	ganza	. Md.			
	23.	FUNERAL DIRECTOR'S			ADDRESS				BY REGISTRAR	24b. REG19	TRAR'S SIGI		11 775	
		P.B. Rol	oinson -	Leon	ardtown, M	ld.		DATEC	1 4 '59	ash	un S. Kr	au4		

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